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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Don A. Kubose
	Title	CHARGED SYNTHETIC NONWOVEN FILTRATION MEDIA AND METHOD FOR PRODUCING SAME
	Art Unit	
	Examiner Name	
	Attorney Docket Number	06299.18992

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:


24382
 PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Don A. Kubose		
Signature	<i>Don A. Kubose</i>		
Date	12/3/03	Telephone	559 834 5650

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Name	James T. Green		
Signature			
Date	12/04/2003	Telephone	508-863-2222

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Address				
City		State		Zip
Country				
Telephone		Fax		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jin Young Choi		
Signature			
Date	DEC. 4 '03	Telephone	413/596-4702

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

06299.18992

First Named Inventor

Don A. Kubose

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHARGED SYNTHETIC NONWOVEN FILTRATION
MEDIA AND METHOD FOR PRODUCING SAME**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 				OR <input type="checkbox"/> Correspondence address below	
Name <div style="text-align: center; font-size: 1.2em;">24382</div> <div style="text-align: center; font-size: 0.8em;">PATENT TRADEMARK OFFICE</div>					
Address <div style="text-align: center; font-size: 0.8em;">A 10-0101 (01/01) 01/01 (01/01) 01/01</div>					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Don A.			Family Name or Surname Kubose		
Inventor's Signature <i>Don A. Kubose</i>				Date 12/3/03	
Residence: City Fowler		State CA		Country US	
Citizenship US					
Mailing Address 6402 S. Locan Ave.					
City Fowler		State CA		ZIP 93625	
Country US					
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Jin Young			Family Name or Surname Choi		
Inventor's Signature				Date	
Residence: City Wilbraham		State MA		Country US	
Citizenship US					
Mailing Address 9 Harness Drive					
City Wilbraham		State MA		ZIP 01095	
Country US					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number: OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Don A.

Family Name

or Surname Kubose

Inventor's
Signature

Date

Residence: City

Fowler

State

CA

Country

US

Citizenship

US

Mailing Address

6402 S. Locan Ave.

City

Fowler

State

CA

ZIP

93625

Country

US

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Jin Young

Family Name

or Surname Choi

Inventor's
Signature

Date

Dec. 4 '03

Residence: City

Wilbraham

State

MA

Country

US

Citizenship

US

Mailing Address

9 Harness Drive

City

Wilbraham

State

MA

ZIP

01095

Country

US

☒Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James T.		Greene	
Inventor's Signature		Date 12/04/2003	
Residence: City	North Attleboro	State	MA
		Country	US
Mailing Address 3 Poppasquash Road			
Mailing Address			
City	North Attleboro	State	MA
		Zip	02760
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
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